

THE HYDRATION STATUS QUESTIONNAIRE FOR ADOLESCENT-YOUNG POPULATION (HSQ-AY)

INSTRUCTION FOR COMPLETING THE QUESTIONNAIRE:

- Please read all the questions carefully and take your time while answering them.
- Concentrate while reading the questions and try to answer them as accurately as possible.
- Use an X to mark the answer that better represents your situation.
- Some questions can be answered with more than one answer, if so; this will be indicated in the column on the left.
- Some questions are accompanied by an asterisk (*). This means you will find an explanatory footnote on the bottom of the page.
- At the beginning of each section, you will find a description that will assist you in filling out the questions in that segment.

1. Personal Information

2. Medical history

Name				Surname			
Age		Course		Gender		Date	

<p>Do you have any disease or health problem?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you suffer from one of these illnesses?</p> <p>MULTIPLE ANSWER POSSIBLE</p>	<input type="checkbox"/> Diabetes <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Bowel disease <input type="checkbox"/> Heart failure <input type="checkbox"/> Kidney disease <input type="checkbox"/> Other: _____ (Please specify)
<p>Do you take any of these medications?</p> <p>MULTIPLE ANSWER POSSIBLE</p>	<input type="checkbox"/> Laxative → Medication that accelerates intestinal transit. It is used to correct constipation. <input type="checkbox"/> Diuretic → Medication to eliminate more fluids. They increase the urine production. <input type="checkbox"/> Anti-inflammatory → Medication to reduce inflammation and pain, such as ibuprofen. <input type="checkbox"/> Anti-hypertensive → Medication to control the tension. <input type="checkbox"/> Other: _____ (Please specify)
<p>Do you take any nutritional supplement as for example vitamins or minerals?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is affirmative, please indicate the type:
<p>Do you suffer from any of these symptoms?</p> <p>MULTIPLE ANSWER POSSIBLE</p>	<input type="checkbox"/> Shivers <input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhoea <input type="checkbox"/> Dizziness <input type="checkbox"/> Cramps <input type="checkbox"/> Tachycardia <input type="checkbox"/> Headache <input type="checkbox"/> Asthenia/fatigue <input type="checkbox"/> Dry mouth <input type="checkbox"/> Lack of concentration
<p>Do you have difficulty performing any of the following actions?</p> <p>MULTIPLE ANSWER POSSIBLE</p>	<input type="checkbox"/> Holding a cup <input type="checkbox"/> Swallowing <input type="checkbox"/> Opening a bottle


3. Hydration habits

Do you usually have a bottle of water with you when you are outside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you take a bottle of water when you go to school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you drink water between meals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you drink any water while performing physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consume isotonic and/or energy drinks while performing physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consume any fluid before feeling thirsty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you like drinking water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When you are thirsty, do you prefer to consume other beverages instead of water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If the answer is affirmative, please indicate the type: _____	
Do you feel full after drinking fluids?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you know which is the daily water intake recommendation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If the answer is affirmative, please indicate the amount: _____	


4. Food and beverage frequency questionnaire

First column: Use an x to indicate the serving size that you usually consume
Second column: Use numbers to indicate the frequency of consumption; daily, per week or per month. (If the frequency is less than one per month do not answer the question)
Third column. Use an X to indicate the moments at which do you usually consume the product.


WATER. (It includes tap water, bottle water, fizzy water and water flavoured)


Indicate the habitual serving size	Indicate the number of glasses or bottles that you usually consume daily	Indicate the moments at which you usually consume water
 200 ml <input type="checkbox"/> 250 ml <input type="checkbox"/> 330 ml <input type="checkbox"/> 500 ml <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> If the amount is higher, please specify:	With breakfast <input type="checkbox"/> With lunch <input type="checkbox"/> With dinner <input type="checkbox"/> Between hours <input type="checkbox"/>

JUICES (Naturals and bottled)

	Indicate the habitual serving size	Indicate the number of glasses or packages that you usually consume daily, per week or per month.			Indicate the moments of consumption	
Type 1: Fruits	 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daily	Type 1	Type 2	Type 3	With breakfast <input type="checkbox"/>
Type 2: Vegetables			Per week	Type 1	Type 2	Type 3
Type 3: With milk		Per month	Type 1	Type 2	Type 3	With dinner <input type="checkbox"/>
						Between hours <input type="checkbox"/>


SODAS

	Indicate the habitual serving size	Indicate the number of glasses or packages that you usually consume daily, per week or per month.			Indicate the moments of consumption	
Type 1: Normal	 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daily	Type 1	Type 2	Type 3	With breakfast <input type="checkbox"/>
Type 2: Light			Per week	Type 1	Type 2	Type 3
Type 3: Zero		Per month	Type 1	Type 2	Type 3	With dinner <input type="checkbox"/>
						Between hours <input type="checkbox"/>


	Indicate the habitual serving size	Indicate the number of glasses or packages that you usually consume daily, per week or per month			Indicate the moments of consumption
Type 1: Isotonic beverages	 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daily	Type 1	Type 2	With breakfast <input type="checkbox"/>
Type 2: Energy beverages		Per week	Type 1	Type 2	With lunch <input type="checkbox"/>
		Per month	Type 1	Type 2	With dinner <input type="checkbox"/>
					Between hours <input type="checkbox"/>

MILK AND DAIRY PRODUCTS.


Milk → (It includes milk, milk with cacao, with honey and or with cereals. It not includes milk with coffee or milk in milkshakes).

	Indicate the habitual serving size	Indicate the number of glasses or packages that you usually consume daily, per week or per month			Indicate the moments of consumption	
Type 1: Whole milk	 200 ml <input type="checkbox"/> 250 ml <input type="checkbox"/> 350 ml <input type="checkbox"/>	Daily	Type 1	Type 2	Type 3	With breakfast <input type="checkbox"/>
Type 2: Milk semi-skimmed		Per week	Type 1	Type 2	Type 3	With lunch <input type="checkbox"/>
Type 3: Milk skimmed		Per month	Type 1	Type 2	Type 3	With dinner <input type="checkbox"/>
						Between hours <input type="checkbox"/>


Milkshakes and yoghurts.

	Indicate the habitual serving size	Indicate the number of glasses or packages that you usually consume daily, per week or per month.			Indicate the moments of consumption	
Type 1: Milkshakes	 100 ml <input type="checkbox"/> 125 ml <input type="checkbox"/> 200 ml <input type="checkbox"/> 330 ml <input type="checkbox"/>	Daily	Type 1	Type 2	Type 3	With breakfast <input type="checkbox"/>
Type 2: Liquid yoghurt		Per week	Type 1	Type 2	Type 3	With lunch <input type="checkbox"/>
Type 3: yoghurt		Per month	Type 1	Type 2	Type 3	With dinner <input type="checkbox"/>
						Between hours <input type="checkbox"/>


COFFEE


	Indicate the habitual serving size	Indicate the number of cups that you usually consume daily, per week or per month			Indicate the moments of consumption	
Type 1: Espresso coffee	 40 ml 125 ml 250 ml <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daily	Type 1	Type 2	Type 3	With breakfast <input type="checkbox"/>
Type 2: Coffee with milk			Per week	Type 1	Type 2	Type 3
Type 3: American coffee (Large black coffee)		Per month		Type 1	Type 2	Type 3
					Between hours <input type="checkbox"/>	


INFUSIONS

Indicate the habitual serving size	Indicate the number of cups that you usually consume daily, per week or per month		Indicate the moments of consumption
 125 ml 250 ml <input type="checkbox"/> <input type="checkbox"/>	Daily		With breakfast <input type="checkbox"/>
	Per week		With lunch <input type="checkbox"/>
	Per month		With dinner <input type="checkbox"/>
			Between hours <input type="checkbox"/>


ALCOHOLIC BEVERAGES

	Indicate the habitual serving size	Indicate the number of glasses that you usually consume daily, per week or per month			Indicate the moments of consumption	
Type 1: Sangría	 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daily	Type 1	Type 2	Type 3	With breakfast <input type="checkbox"/>
Type 2: Cider			Per week	Type 1	Type 2	Type 3
Type 3: Wine		Per month		Type 1	Type 2	Type 3
					Between hours <input type="checkbox"/>	

Indicate the habitual serving size	Indicate the number of units that you usually consume daily, per week or per month.		Indicate the moments of consumption
 200 ml 250 ml 330ml 500 ml <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daily		With breakfast <input type="checkbox"/>
	Per week		With lunch <input type="checkbox"/>
	Per month		With dinner <input type="checkbox"/>
			Between hours <input type="checkbox"/>

Indicate the habitual serving sizes	Indicate the number of units that you usually consume daily, per week or per month		Indicate the moments of consumption
 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daily		With breakfast <input type="checkbox"/>
	Per week		With lunch <input type="checkbox"/>
	Per month		With dinner <input type="checkbox"/>
			Between hours <input type="checkbox"/>

OTHER BEVERAGES

	Indicate the habitual serving sizes	Indicate the number of glasses that you usually consume daily, per week or per month.		Indicate the moments of consumption	
Type 1: Plant-based beverages (soy, oats, almonds) Type 2: Horchata.	 200 ml 250 ml 350 ml <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Daily	Type 1	Type 2	With breakfast <input type="checkbox"/>
		Per week	Type 1	Type 2	With lunch <input type="checkbox"/>
		Per month	Type 1	Type 2	With dinner <input type="checkbox"/>
					Between hours <input type="checkbox"/>





Do you usually consume some beverage that is not included in the questionnaire? If the answer is affirmative, please indicate it below.

TYPE	AMOUNT	FREQUENCY	MOMENTS
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FRUITS. (It includes whole fruits. It not includes fruits juices or milkshakes)





Use an X to indicate the fruits that you usually consume.
 In the column on the right, next to its corresponding letter, use a number to indicate how many times you consume this fruit (daily, per week or per month). Finally, indicate the habitual serving size
 Example: If you usually consume strawberries ones a week, oranges one per month you should write: per week (A-1) per month (C-1).

A  Watermelon/ melon	B  Pomegranate	C  Grapefruit	D  Grapes
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Frequency of consumption	Daily	Per week	Per month
	A:	A:	A:
	B:	B:	B:
	C:	C:	C:
	D:	D:	D:
Serving size	Big	Normal	Little

A  Peach/ Nectarine	B  Strawberries	C  Orange	D  Papaya
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Frequency of consumption	Daily	Per week	Per month
	A:	A:	A:
	B:	B:	B:
	C:	C:	C:
	D:	D:	D:
Serving size	Big	Normal	Little

A  Apricot/ Plum	B  Pineapple	C  Peeae/ apple	D  Kiwi/ tangerine
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Frequency of consumption	Daily	Per week	Per month
	A:	A:	A:
	B:	B:	B:
	C:	C:	C:
	D:	D:	D:
Serving size	Big	Normal	Little

A  Cherries	B  Mango	C  Khaki	D  Figs
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Frequency of consumption	Daily	Per week	Per month
	A:	A:	A:
	B:	B:	B:
	C:	C:	C:
	D:	D:	D:
Serving size	Big	Normal	Little

VEGETABLES

Use an **X** to indicate the vegetables that you usually consume.

In the column on the right, next to it corresponding letter, use a number to indicate how many times you consume this fruit (daily, per week or per month). At last, indicate the habitual serving size

It not include vegetables soups or purees.

Example of serving size:







Main dish: Broccoli







Garnish: Broccoli







Ingredient of a dish: Pasta with cheese and broccoli

A  Zucchini/ Pumpkin	B  Lettuce/ Canon	C  Cucumber	D  Tomato
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Frequency of consumption	Daily	Per week	Per month
	A:	A:	A:
	B:	B:	B:
	C:	C:	C:
D:	D:	D:	
Serving size	Dish	Garnish	Ingredient

A  Eggplant/ Asparagus	B  Cauliflower/ Broccoli	C  Mushroom	D  Pepper
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Frequency of consumption	Daily	Per week	Per month
	A:	A:	A:
	B:	B:	B:
	C:	C:	C:
D:	D:	D:	
Serving size	Dish	Garnish	Ingredient

A  Chard/ Spinach	B  Artichoke/ Green bean	C  Carrot	D  Beet
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Frequency of consumption	Daily	Per week	Per month
	A:	A:	A:
	B:	B:	B:
	C:	C:	C:
D:	D:	D:	
Serving size	Dish	Garnish	Ingredient

